



Richard J Berry, Mayor

City of Albuquerque
Environmental Health Department
Air Quality Division
Asbestos Renovation/Demolition Notification Form



Mary Lou Leonard, Director

Operator Project #	Postmark:	Date Received:	Received By	Notification #
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I. Type Of Notification (**Circle Choice**): Original Revision # _____ Emergency Canceled or Courtesy
Reason for Revision: _____

II. Facility Information (**Identify owner, removal contractor, and other operator**)

Owner Name: _____ Address: _____
City: _____ State (Abbr): _____ Zip: _____
Owner Contact: _____ Phone: _____
Removal Contractor: _____ Phone: _____ Address: _____
City: _____ State (Abbr): _____ Zip: _____
Removal Contact: _____ Other Operator: _____
Address: _____ City: _____ State (Abbr): _____ Zip: _____
Operator Contact: _____ Phone: _____

III. Type Of Operation (**Circle Choice**): Demolition, Ordered, Demolition, Renovation,
or Emergency Renovation (Specify): _____

IV. Is Asbestos Present (**Circle Choice**)? : NO / YES Asbestos Fee Amount: \$ _____

V. Facility Description (**Include building name, number and floor or room number**)

Bldg. Name: _____ Address: _____
City: Albuquerque State: NM Zip: _____ County: Bernalillo
Facility Location Description: _____ Building Size: _____
of Floors: _____ Age in Years: _____
Future Use: _____ Present Use: _____ Prior Use: _____

VI. Procedure, Including Analytical Method, If Appropriate, Used To Detect The

Presence Of Asbestos Material:

Description: _____



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VII. Approximate Amount Of Asbestos, Including:

	RACM To Be Removed	ACM To Be Removed	Non friable Asbestos Material Not To Be Removed		
			Cat I:	Cat II	Check Box for unit of measurement
Pipes =====>					<input type="checkbox"/> Ln Ft. <input type="checkbox"/> Ln M.
Surface Area =====>					<input type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq M.
Vol RACM off =====> the Facility component					<input type="checkbox"/> CuFt: <input type="checkbox"/> Cu M

VIII. Scheduled Dates Asbestos Removal (MM/DD/YY): Start: _____ Complete: _____

IX. Scheduled Dates Demo/Renovation (MM/DD/YY): Start: _____ Complete: _____

X. Description Of Planned Work And Methods To Be Used And Description Of Affected Facility Components (I.E. Acoustical Ceiling Scrape, Whole Pipe Removal, TSI Removal, Roofing Removal, Etc.):

XI. Description Of Work Practices And Engineering Controls To Be Used To Prevent Emissions Of Asbestos At The Work Site (I.E. Containment, Glove Bagging, Wetting, Filtration Devices, Etc.):

XII. If The Facility Is Being Demolished Under An Order Of A State Or Local Government Agency, Because The Facility Is Structurally Unsound And In Danger Of Imminent Collapse, Please Identify The Agency Below:

Name: _____ Authority: _____ Date of Order (MM/DD/YY): _____

Provide supporting documents, from the agency, at the time the NESHP notification is submitted.



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XIII. For Emergency Renovations:

Indicate Emergency =====> Date (MM/DD/YY): _____ Hour (HH:MM): _____

Description of the Sudden, Unexpected Event: _____

Explanation of how event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____

Provide supporting documents at the time the NESHAP notification is submitted.

XIV. Description Of Procedures To Be Followed In The Event That Unexpected Asbestos Is Found Or Previously Nonfriable Asbestos Material Becomes Crumbled, Pulverized, Or Reduced To Powder.

XV. Waste Transporter #1:

Contractor: _____ Address: _____ City: _____ State: _____
 Zip Code: _____ Contact: _____ Telephone : (____) ____ - _____ Cell Phone : (____) ____ - _____
 E-mail Address: _____

Waste Transporter #2:

Contractor: _____ Address: _____ City: _____ State: _____
 Zip Code: _____ Contact: _____ Telephone : (____) ____ - _____ Cell Phone : (____) ____ - _____
 E-mail Address: _____

XV. Waste Disposal Site:

Contractor: _____ Address: _____ City: _____ State: _____
 Zip Code: _____ Contact: _____ Telephone : (____) ____ - _____ Cell Phone : (____) ____ - _____
 E-mail Address: _____

XVI. I Certify That An Individual Trained In The Provisions Of This Regulation (40 CFR Part 61, Subpart M) Will Be On-Site During The Demolition Or Renovation And Evidence That The Required Training Has Been Accomplished By This Person Will Be Available For Inspection During Normal Business Hours.

Print Name: _____ Signature of Owner/Operator: _____ Date: _____

XVII. I Certify That The Above Information Is Correct.

Print Name: _____ Signature of Owner/Operator: _____ Date: _____